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CONFIRMATION NO. 8280

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## APPLICANTS

David C. Hacker, Jacksonville, FL;

Stanley A. Skinner, Wayzata, MN;  
 Ensor E. Transfeldt, Edina, MN; Peter P. Sterrantino, Jacksonville, FL;  
 Lionel Rupp, Bohemia, NY, Deceased;  
 Katherine Rupp, Residence Not Provided, Legal Representative;

YHL

YHL

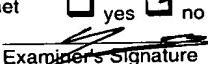
## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/441,471 01/22/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/13/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Met after Allowance Initials	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged		3/28/06 Initials	27	46	4

## ADDRESS

36139  
 EPSTEIN & GERKEN  
 1901 RESEARCH BOULEVARD  
 SUITE 340  
 ROCKVILLE , MD  
 20850

## TITLE

Apparatus and method for intraoperative neural monitoring

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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